

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048392

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 8

FILED JAN 7 1964

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) INDEPENDENCE		c. CITY OR TOWN INDEPENDENCE	
Length of stay in lb 23 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1702 APPLETON		d. STREET ADDRESS (If outside, give location) 1702 APPLETON	
3. NAME OF DECEASED (Type or print) First Middle Last CLAUDE R. WHITE		4. DATE OF DEATH Month Day Year December 29, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-19-1898
9. AGE (last birthday) 65		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 24 HR Hours Min.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Signalman		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pacific Railroad	
11a. BIRTHPLACE (City and state or country) Marshall, Missouri		11b. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME ABE WHITE		13b. MOTHER'S MAIDEN NAME EVA DOAN	
14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. NO		17. INFORMANT Alice White, 1702 Appleton, Indep., Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>coronary thrombosis</u> DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) <u>Hypertension</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 5 minutes 5 yrs 12 years	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		21. I attended the deceased from <u>November 1960</u> to <u>Dec. 29, 1963</u> and last saw him alive on <u>Dec. 26, 1963</u> Death occurred at <u>p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Arthur Gene Petersen, M.D.</u>		22b. ADDRESS <u>306 East 12th St. KANSAS City 6 Mo.</u>	
22c. DATE SIGNED <u>12-30-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE <u>12-31-63</u>		23c. NAME OF CEMETERY OR CREMATORY BELTON CEMETERY	
23d. LOCATION (City, town, or county) BELTON, MISSOURI		24. FUNERAL DIRECTOR GEO. C. CARSON & SONS, INDEPENDENCE, MO.	
25. DATE RECD. BY LOCAL REG. <u>12-30-63</u>		26. REGISTRAR'S SIGNATURE <u>Alba L. Craig</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 8 1964

1-2-30
6-007

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1-2-30

0-09

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Rollie Kessel

Licensed Embalmer No.

4690

P. O. Address

Indep. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.